

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----x  
GREGORY V. PIATT,

Docket No.: CIV 3902  
2007

Plaintiff

v.

MARC S. LACHAR AND JOAN B. LACHAR,

Defendants

-----x  
**RULE 26.1 DISCLOSURE  
STATEMENT**

**JUDGE ASSIGNED:  
HON. LISA MARGARET  
SMITH, U.S.M.J.**

-----x

Defendants, Marc S. Lachar and Joan B. Lachar, as and for its initial disclosure requirements of Rule 26(a)(1) of the Federal Rules of Civil Procedure, sets forth the following:

**Rule 26(a)(1)(A):** Provide the name and if known, the address and telephone number of each individual likely to have discoverable information relevant to disputed facts alleged with particularity in the pleadings, identifying the subjects of the information.

**Response:** Individuals likely to have discoverable information include all parties of this litigation, all persons named in all discovery and investigations, all treating and examining doctors, family doctors of plaintiff, all medical personnel who have rendered care to the plaintiff in the last ten (10) years, custodians of plaintiff's medical, legal, criminal, educational and insurance claims, any and all members of the plaintiff's household, any and all participants in the "alleged automobile" at issue in this lawsuit, investigating

personnel and/or police, all persons who investigated or prepared a record for any governmental unit in connection with the alleged incident, and any other individuals identified through ongoing pretrial discovery and examination and cross-examination of all parties and witnesses up to and including the time of trial in this matter.

Specifically, it is believed that non-party witnesses may include, inter alia:

1. James Zeno, P.O. Box 233, South Fallsburg, New York 12279.

**Rules 26(a)(1)(B):** Provide a copy of, or a description by category and location of, all documents, data compilations, and tangible things in the possession, custody, or control of the party that are relevant to disputed facts alleged with particularity in the pleadings.

**Response:** Copies of photographs were previously provided. Copies of Police Report and repair estimates are annexed as Exhibit "A".

**Rule 26(a)(1)(C):** Provide a computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered.

**Response:** Not applicable.

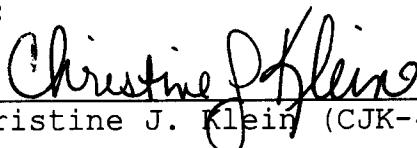
**Rule 26(a)(1)(D):** Provide for inspection and copying under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered into the action or to indemnify or reimburse for payments made to satisfy the judgment.

**Response:** Insurance coverage in this matter is afforded to defendants Marc S. Lachar and Joan B. Lachar by Great Northern Insurance Company, in the amount of \$500,000 under policy number 1031296002, with effective dates of April 24, 2006 through April 24, 2007.

DATED: January 28, 2008  
White Plains, New York

Yours, etc.,  
EUSTACE & MARQUEZ  
Attorneys for Defendants,  
Marc S. Lachar and Joan B.  
Lachar  
1311 Mamaroneck Avenue  
3rd Floor  
White Plains, New York 10605  
(914) 989-6650

By:

  
\_\_\_\_\_  
Christine J. Klein (CJK-4713)

TO:

Jay S. Hausman & Associates, PC.  
Jay S. Hausman, Esq.  
Attorneys for Plaintiff, , Gregory V. Piatt  
280 North Central Avenue  
Hartsdale, New York 10530

**EXHIBIT “A”**

**POTAMKIN**

**Cadillac • Buick • Chevrolet • GMC • Pontiac**  
**Hutchins of Manhattan LLC**  
**798 Eleventh Avenue • New York, New York 10019**  
**Phone 212-708-3080 Fax 212-708-3127**

ANY WARRANTY ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THIS IS A LIMITED WARRANTY FOR 12 MONTHS OR 10,000 MILES. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, WHETHER EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR ASSUMES ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS. NO CLAIMS AND RETURN REQUESTS MUST BE ACCOMPLISHED IN TIME PAYED. NO REFUNDS AFTER 10 DAYS. THERE IS A 10% HANDLING CHARGE ON ALL APPROVED REPAIRS. ELECTRICAL AND GLASS, OWNED TIME AND NOT RETURNABLE. NO CASH REFUND. PARTS THAT ARE IN OVERHOLDS, UNDERRIDES, OR OVERSIZES.

\*\*\*\*\*  
**ATT: CUSTOMERS**  
**WE WILL NO LONGER ACCEPT ANY PARTS FOR**  
**RETURN AFTER 30 DAYS FROM INVOICE DATE**  
**\*\*\*\*\*  
NO EXCEPTIONS**

152468 193389279

50131855

PENDING PHIL LIN

09/13/06

12927  
CDW

212-288-5192

DIFFUT AUTO REPAIR  
317-18 EAST 111ST STREET  
NYC, NY 10029

SHIP  
TO

1	0 12335845 FASCIA 7.851	0 26787261 DOOR 12.945	931003 SP-ORD	848.42 24.19	459.54 27.36	459.54 27.36
MERCHANDISE RECEIVED BY <input checked="" type="checkbox"/>				SUBTOTAL	458.89	
PLEASE USE CAUTION OPENING IF CONTAINER DAMAGED, TORN OR DEFACED, PART NOT RETURNABLE. ANY WARRANTY ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FROM IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS. NO CASH REFUNDS.				TAX	0.00	
				FREIGHT	0.00	
				PAY THIS AMOUNT	458.89	

N.Y.C. REPAIR SHOP REG. NO. 81-164608, 7092972  
NYC T.D.C. NO. 916764, 1120640

NET582

PAGE 1 OF 1

Sep. 15 2006 12:14PM PZ

FAX NO. : 2127227342

FROM : BONET COLLISION

**ATT. CUSTOMERS  
WE WILL NO LONGER ACCEPT ANY PARTS FOR  
RETURN AFTER 30 DAYS FROM INVOICE DATE  
\*\*\*\*\* NO EXCEPTIONS \*\*\*\*\***

00131855 PENDING PHIL LIM 09/13/06

212-288-5192

## COMPLETE CLAIMS SERVICE LLC

PO BOX 71  
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No 40506069238 Adjuster KIM PARSON 2005 Cadillac  
Owner PIATT GREGORY Appraiser LEO PAPA Date Inspect 07-24-06  
D/Loss 6/29/2006 CCS # 327616 Insured NOT GIVEN

# Insurance Claim Services (Mariconti/Priority)

PO Box 206  
Emerson, NJ 07630  
Phone: (201)-262-4868 Fax: (201)-262-9868  
Tax ID#: 22-3561579

Invoice #

00088910 .01

## INVOICE

Insurance Company: CHUBB GROUP OF INS. COMPANIES  
Claim/File Number: 40506069238

Adjuster: Kimparsons  
Log #: 1031296002

Insured: Lacar, Marc

Policy:

Claimant: Lacar, Marc

Date of Loss: 06/26/2006 Date Claim Received: 07/18/2006 Date Returned: 07/19/2006

**Services:**

Initial Appraisal \$85.00

\_\_\_\_\_

Total: \$85.00

Date: 7/19/2006 06:00 PM  
 Estimate ID: 88910.01  
 Estimate Version: 0  
 Preliminary  
 Profile ID: CUSTOMIZED

INSPECTED VEHICLE FOR RT REAR DAMAGES. WROTE ALL VISABLE DAMAGES.  
 UNRELATED DAMAGE TO LEFT REAR OF VEHICLE. OWNER PRESENT AT TIME OF  
 INSPECTION. APPRAISAL IS FAIR AND RELATED AND A/P CAN BE SECURED WITH  
 OWNERS CHOICE OF REPAIRER UPON REQUEST. COPY SENT TO OWNER.

## Insurance Claim Services

PO BOX 206 EMERSON, NJ 07630  
 (201) 664-4345  
 Fax: (201) 664-6693

Damage Assessed By: Frank Mariconti, Jr.

Appraised For: CHUBB INS

Condition Code: Good  
 Date of Loss: 6/26/2006  
 Deductible: UNKNOWN  
 File Number: 88910.01  
 Policy No: 88910.01

Type of Loss: Collision

Claim Number: 40506069238

Insured: MARC LACAR  
 Address: 24 WALWORTH AVE SCARSDALE, NY 10583  
 Telephone: Home Phone: (914) 472-7044

Mitchell Service: 914767

Description: 2005 Lexus GS 300  
 Body Style: 4D Sed  
 VIN: JT8BD69SX50205903  
 Color: BLUE

Drive Train: 3.0L Inj 6 Cyl 5A RWD  
 License: DCN8816 NY

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	400922	REF	REFINISH	ROCKER/PILLARS/FLOOR			
2				R REAR ROCKER MOULDING			C 0.5
				MOLDING SCUFFED AND SCRATCHED			
				FRONT DOOR			
3	401299	REF	BLEND	R FRT DOOR OUTSIDE			C 0.8
4	401319	BDY	REMOVE/INSTALL	R FRT BELT MOULDING			0.9 #
5	401321	BDY	REMOVE/INSTALL	R FRT DOOR MOULDING			0.4
6	401323	BDY	REMOVE/INSTALL	R FRT REAR VIEW MIRROR			INC #
7	401395	BDY	REMOVE/INSTALL	R FRT DOOR TRIM PANEL			INC
8	401458	BDY	REMOVE/INSTALL	R FRT DOOR HANDLE			INC
				MANUAL ENTRIES			0.8 #
9	900500	BDY *	REPAIR	COLOR SAND AND POLISH	Existing		0.8*
10	900500	REF *	REMOVE/REPLACE	COLOR TINT	New	0.00 *	0.5*

ESTIMATE RECALL NUMBER: 7/19/2006 18:00:17 88910.01

Mitchell Data Version: JUN\_06\_A  
 UltraMate Version: 5.0.215

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Page 1 of 3

Date: 7/19/2006 06:00 PM  
 Estimate ID: 88910.01  
 Estimate Version: 0  
 Preliminary  
 Profile ID: CUSTOMIZED

New	7.00 *	0.0*
New	0.00 *	0.3*
New	0.00 *	0.5*
67113-30360	281.80	6.5 #
	C 2.0	
	C 0.5	
	INC #	
75075-30061-J1	322.25	INC
	INC	
	INC	
	INC #	
	C 1.0	
75605-30190-J1	46.80	0.2
	0.4	
	UNRELATED PRIOR	2.0*
	UNRELATED PRIOR	2.4
	UNRELATED PRIOR	1.8
	UNRELATED PRIOR	1.0*
	UNRELATED PRIOR	2.1
	15.00 *	
	1.5	
	5.00 *	0.2*
	149.60 *	
	3.00 *	

\* - Judgement Item

# - Labor Note Applies

C - Included in Clear Coat Calc

Prior Damage

NONE

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary			Amount
						Taxable Parts	Sales Tax	@	
Body Refinish	10.8	45.00	0.00	0.00	486.00 T				657.85
	7.0	45.00	5.00	0.00	320.00 T				48.52
Taxable Labor					806.00				
Labor Tax			@	7.375 %	59.44				
Labor Summary	17.8				865.44				
III. Additional Costs						IV. Adjustments			
Taxable Costs						Customer Responsibility			
Sales Tax			@	7.375%					0.00
Total Additional Costs					179.96				

ESTIMATE RECALL NUMBER: 7/19/2006 18:00:17 88910.01

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UltraMate Version: 5.0.215UltraMate is a Trademark of Mitchell International  
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Page 2 of 3

Date: 7/19/2006 06:00 PM  
 Estimate ID: 88910.01  
 Estimate Version: 0  
 Preliminary  
 Profile ID: CUSTOMIZED

I.	Total Labor:	865.44
II.	Total Replacement Parts:	706.37
III.	Total Additional Costs:	179.96
	Gross Total:	1,751.77
IV.	Total Adjustments:	0.00
	Net Total:	1,751.77

Unrelated Prior Damage

Labor Subtotals	Units	Rate	Totals	Part Replacement Summary	Amount
UN-Body	4.8	45.00	216.00 T		
UN-Refinish	4.5	45.00	202.50 T		
UN-Taxable Labor			418.50	Unrelated Prior Damage Parts Summary	0.00
Labor Tax	@	7.375 %	30.86		
Unrelated Prior Damage Labor Summary	9.3		449.36	Unrelated Prior-Total Labor:	449.36
				Unrelated Prior-Total Replacement Parts:	0.00
				Unrelated Prior-Damage Total:	449.36 *

\* Total does not include overlap or labor adjustments

This is a preliminary estimate.  
Additional changes to the estimate may be required for the actual repair.

Point(s) of Impact

4 Right Rear Side (P)

THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION COMES FROM OWNER.

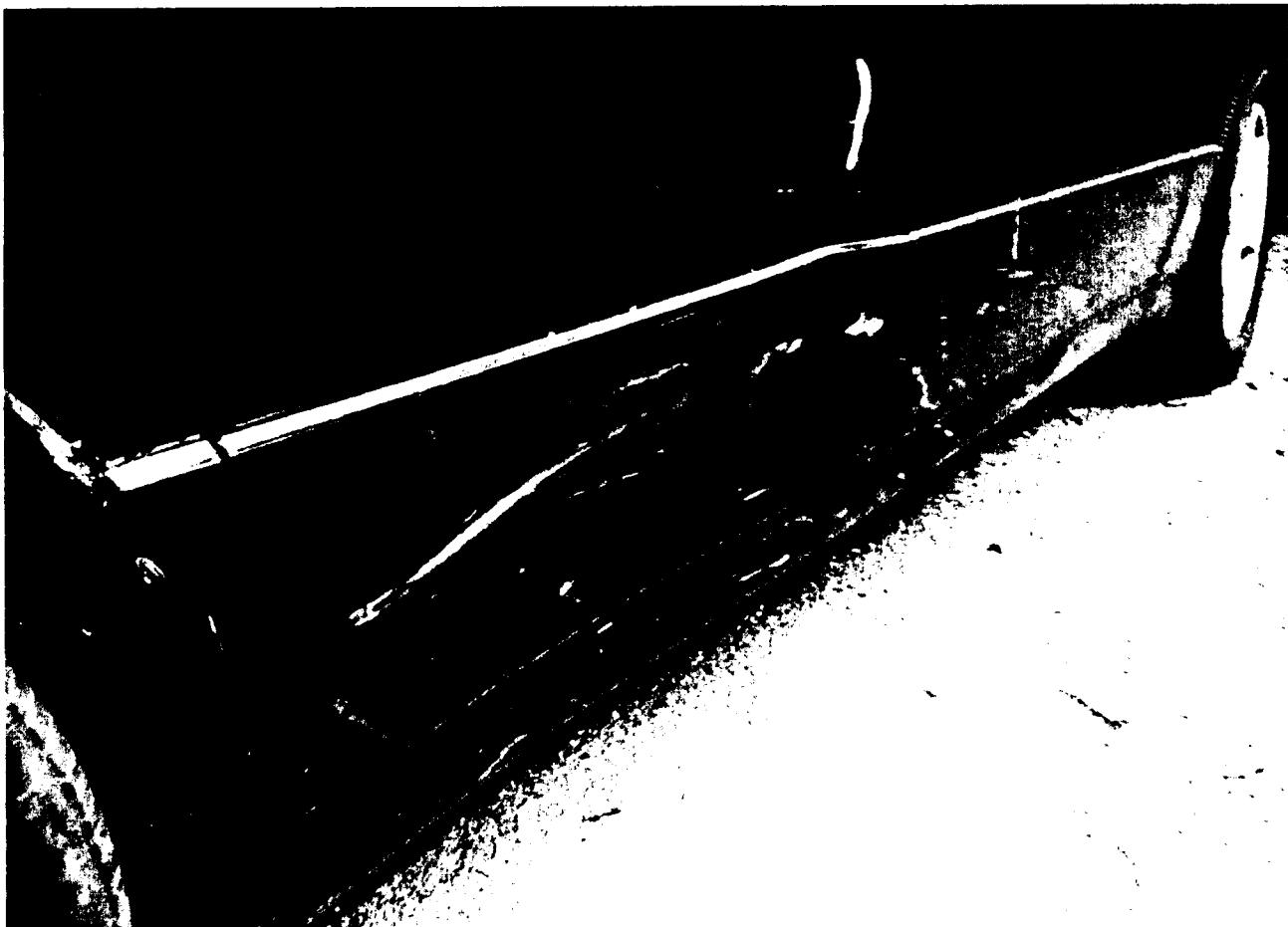
THIS IS ESTIMATE ONLY.

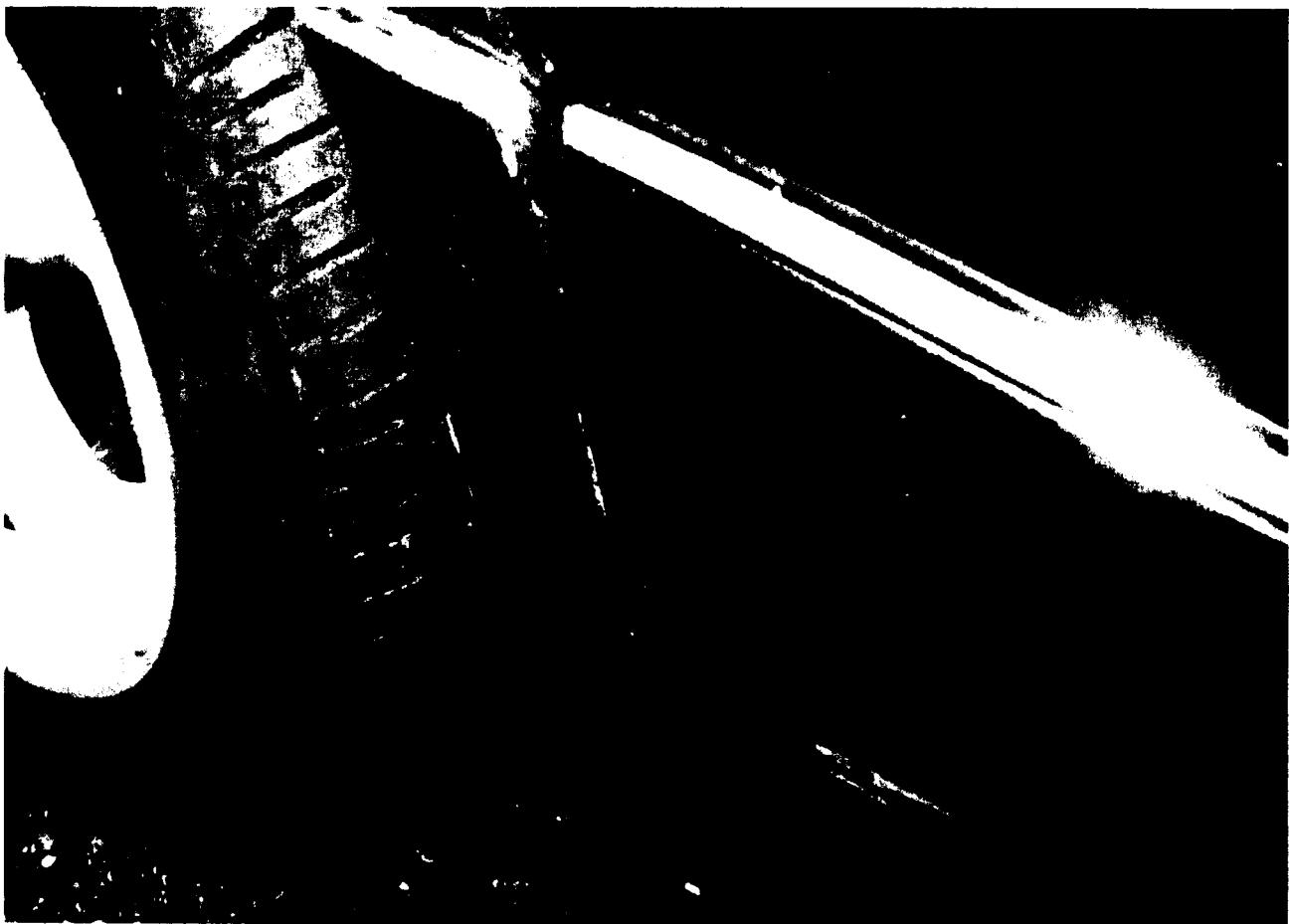
NO SUPPLEMENT WILL BE HONORED UNLESS PRIOR APPROVAL FROM APPRAISER  
 APPRAISER MUST BE CALLED BACK TO PHOTOGRAPH ANY ADDITIONAL LABOR  
 NEEDED TO COMPLETE REPAIRS.

ESTIMATE RECALL NUMBER: 7/19/2006 18:00:17 88910.01

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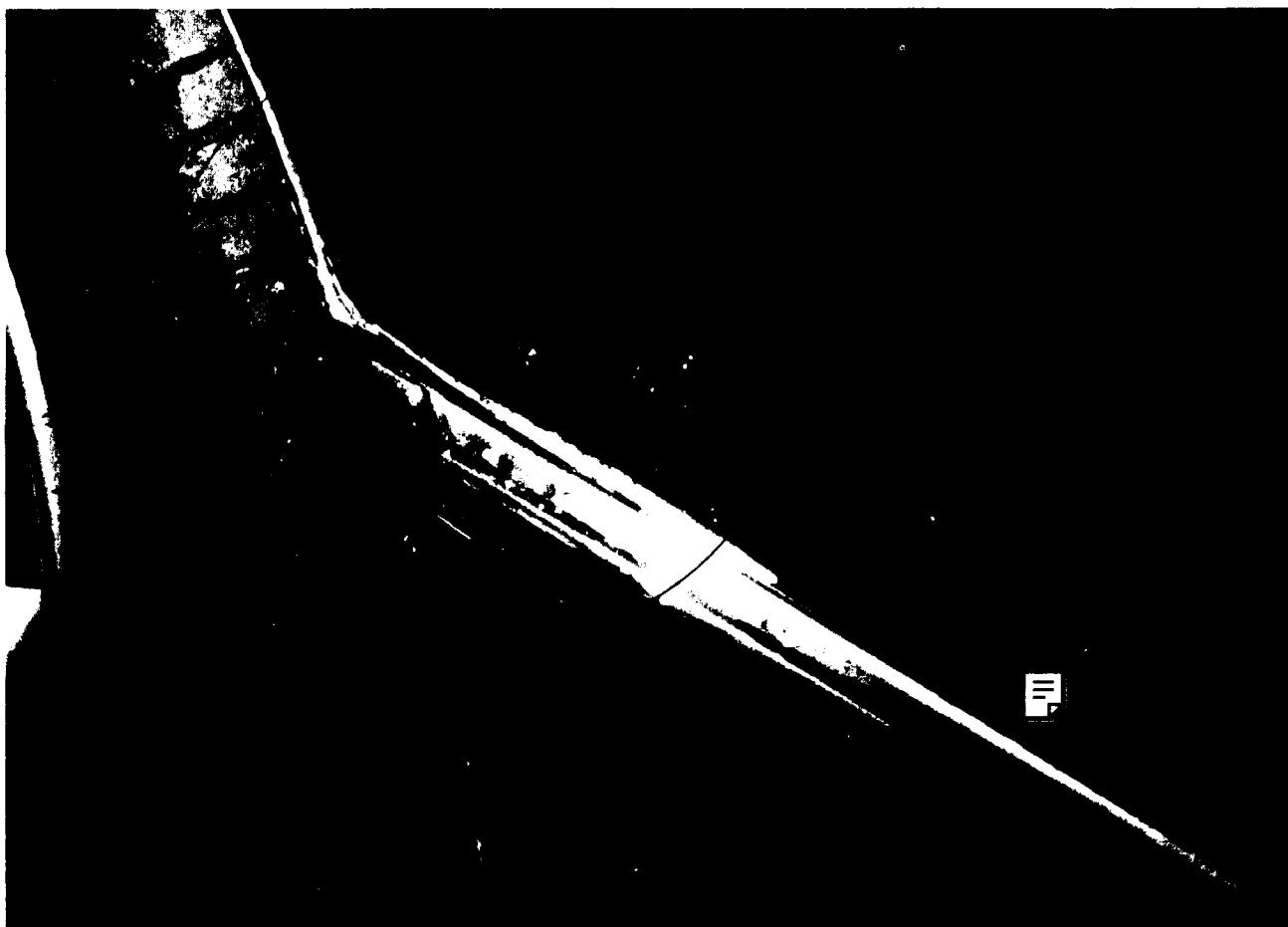
Page 3 of 3

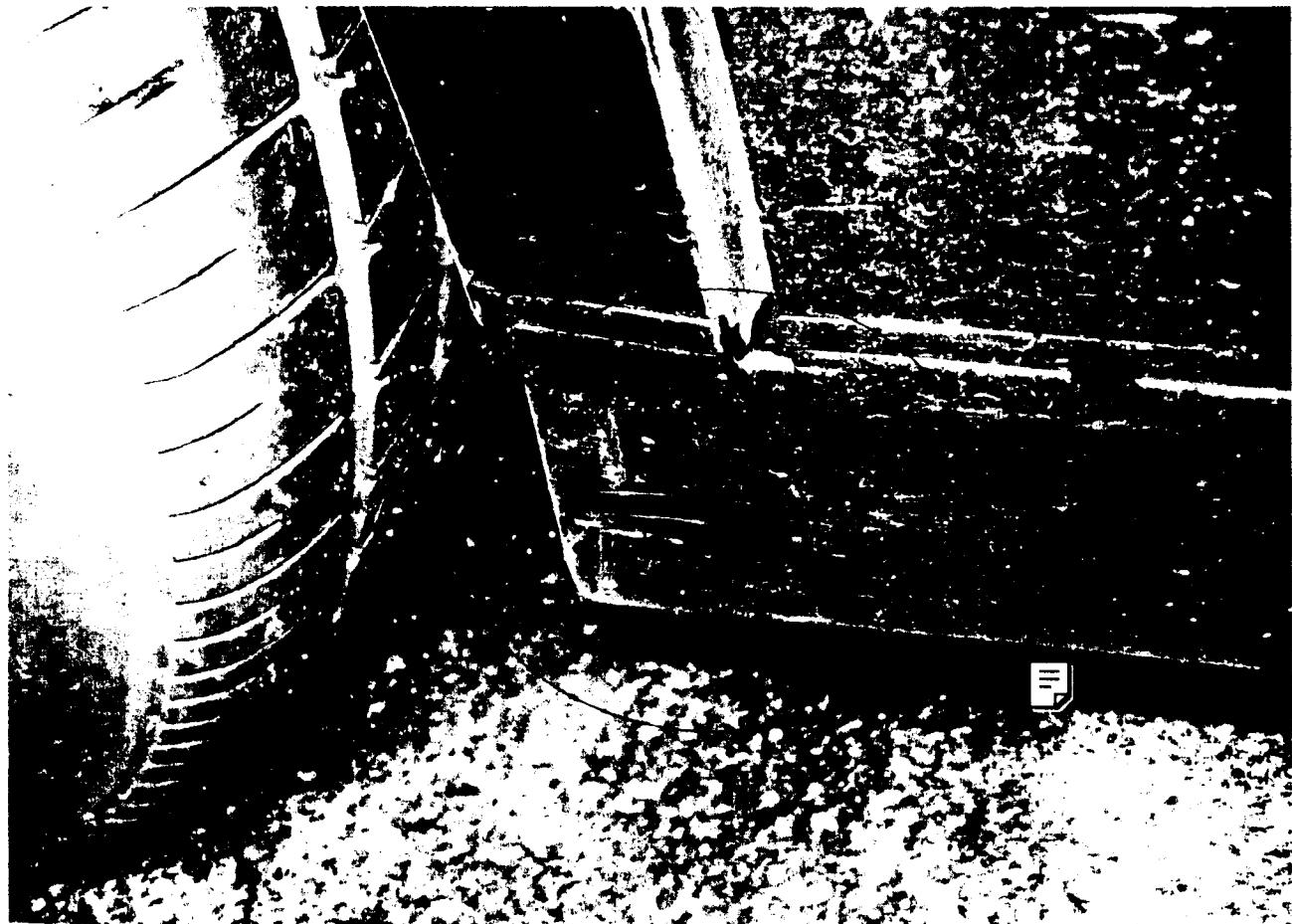












# Complete Claims Service, LLC

P.O. BOX 71  
SYOSSET, N.Y. 11791-0071  
(516) 935-8780  
FAX (516) 939-0520

**CHUBB INSURANCE COMPANY**  
PO BOX 2191  
CHESAPEAKE, VA 23327-2191

**ATTENTION: KIM PARSON**

**FOR SERVICES RENDERED**

**INSPECTION FEE: \$105.00**

**SUPPLEMENT: \$0.00**

**BROKEN APPOINTMENT: \$0.00**

**0 PHOTOS AT \$2.00 = \$0.00**

**TOLLS: \$0.00**

**TOTAL LOSS REPORT: \$0.00**

**OTHER: None**

**INSURED: XX, XX**

**CLAIMANT: PIATT, GREGORY**

**CLAIM NO: 40506069238**

**FILE NO: 327616 A**

**DATE OF LOSS: 6/29/2006**

**INVOICE DATE: 7/24/2006**

**TOTAL: \$105.00**

PLEASE RETURN COPY OF STATEMENT WHEN MAKING REMITTANCE PAYABLE TO COMPLETE CLAIMS SERVICE, LLC

*Invoices over 30 days will be subject to a service charge of 1.5 % per month.*

**FED. ID #11-3469384**

**Complete Claims Service, LLC****File Number:** 327616 A**Received:** 7/17/2006 **By:** Liz**Insurance Company:** CHUBB INSURANCE COMPANY CHESAPEAKE (800) 252-4670**Claim/Policy Number:** 40506069238 **Per:** KIM PARSON **Date of Loss:** 6/29/2006**Insured:** XX, XX**Loss Type:** Liability**Deductible:** \$0.00**Owner:** PIATT, GREGORY**Home Phone:** (917) 476-4466

67 MARCELLUS AVE

**Business Phone:**

WEST PATERSON, NJ 07424

**Year:** 5 **Make:** CADI **Model:** CS**Color:** XX**Plate #:** XX**VIN:** XX**Estimate From:** BONET COLL

(212) 289-7435

**Contact:** FRED OR ED**Estimate:** \$0.00**Appointment:** 7/24/2006 **Monday****From:** 8 **Until:** 5**Assignment Area:** 12 MANHATTAN**Location:** BONET COLLISION 317 EAST 11TH ST XS 1 & 2

NY, NY 10029

(212) 289-7435

**Special Instructions:** *DRIVERS SIDE FRONT AND DOOR; FAX: 212-722-7342***File Comments:****By:**

7/24/2006 6:22:11 PM E MAILED TO INS CO &amp; JIM OLIVERI CAROL

7/24/2006 6:22:05 PM EST AMOUNT OF 851.50 A/P WITH SHOP, FAXED TO CAROL  
SHOP, COPY TO CLMT7/19/2006 10:15:06 A BKN APPT PER ADJ AT SHOP, LEO, OWNER WASN'T CAROL  
ABLE TO BRING VEH IN, DUE TO ILLNESS, APPT IS  
RESET FOR MONDAY 7/24/2006

7/18/2006 9:25:29 AM SPOKE TO JASMINE AT SHOP SET APPT FOR 7/19 Liz

## SUMMARY SHEET

## COMPLETE CLAIMS SERVICES

MEMBER I.A.D.A.

PO BOX 71

SYOSSET NY 11791-0071

PHONE (516) 935-8780 FAX (516) 939-0520

INSURED: NOT GIVEN

CLAIM #: 40506069238

CLAIMANT: PIATT GREGORY

APPRaiser: LEO PAPA

FILE #: 327616

[X] ESTIMATE COPY TO OWNER

LOCATION: BONET COLLISION

[X] ESTIMATE COPY TO SHOP

 VEHICLE DRIVABLE REPAIRABLE AGREED ON PRICE

APPRaiser ESTIMATE: \$ 851.50 REPAIR

SHOP ESTIMATE: \$ . FACILITY: BONET COLLISION

AGREED NET PRICE: \$ . CONTACT: EDDIE

 QRP SEARCH QRP APPLICABLE QRP AVAILABLE LKQ SEARCH LKQ APPLICABLE LKQ AVAILABLE

## RECYCLED PART SUPPLIERS CALLED:

SUPPLIER 1: ALLIANCE

CONTACT: SAL

SUPPLIER 2: ACE

CONTACT: JOE

SUPPLIER 3: PXS

CONTACT: SAL SEAR

 RENTAL VEHICLE

RENTAL AGENCY:

DAYS TO REPAIR:

DATE STARTED: - -

RENTAL PERIOD (DAYS):

 OLD DAMAGE

OLD DAMAGE AMOUNT: \$ 315.00

 POSSIBILITY OF SUPPLEMENT

SUPPLEMENT AMOUNT: \$ .

 DRAFT ISSUED

BETTERMENT TOTAL: \$ .

ALLOWANCES: \$ .

DRAFT NUMBER:

TOW: \$ .

REGULATION NUMBER:

DEDUCTIBLE: \$ .

NET TOTAL: \$ 851.50

 TOTAL LOSS TLA SENT ADJUSTOR NOTIFIED PERMISSION TO MOVE VEHICLE VEHICLE MOVED

STOCK NUMBER:

SALVAGE LOCATION:

DATE CONTACTED: - -

SALVAGE VALUE: \$ .

DAILY STORAGE RATE: \$ .

TOWING AND STORAGE: \$ .

## COMMENTS:

AS ARRANGED SUBJECT VEHICLE INSPECTED AT SHOP OF OWNER'S CHOICE. OWNER NOT PRESENT AT TIME OF INSPECTION. NO SHOP ESTIMATE SUBMITTED. DAMAGES ARE TO THE FRONT BUMPER(L/S) AS PER ASSIGNMENT. WENT OVER THE DAMAGES WITH JASMINE @ SHOP. HAVE PREPARED A FAIR APPRAISAL OF THE VISIBLE DAMAGES UTILIZING RECOND PARTS. LKQ PARTS NOT AVAILABLE AT TIME OF WRITING APPRAISAL. UNABLE TO VERIFY ALL DAMAGES BEHIND THE BUMPER AND L/S HEADLIGHT. POSSIBLE SUPPLEMENT WHEN REPAIRS

START AND THE BUMPER COVER IS REMOVED.AP REACHED WITH JASMINE FOR ALL VISIBLE DAMAGES.COPY OF THE APPRAISAL MAILED TO OWNER AND FAXED TO SHOP.UNRELATED PRIOR DAMAGE TO THE L/S QUARTER PANEL FOUND(SEE APPRAISAL).

COMPLETE CLAIMS SERVICES  
 MEMBER I.A.D.A.  
 PO BOX 71  
 SYOSSET NY 11791-0071  
 PHONE (516) 935-8780 FAX (516) 939-0520

CD LOG NO 2439 -0

07-24-06 12:56 PM

ESTIMATE

## CLAIM INFORMATION

CLAIM #	40506069238	POLICY #	
COMPANY	CHUBB INSURANCE CO	CLAIM REP	KIM PARSON
FAX		WORK PH#	(800) 252-4670
INSURED	NOT GIVEN	LOSS DATE	06-29-06
CLAIMANT	PIATT GREGORY	LOSS TYPE	LIABILITY
FILE HNDLR	KIM PARSON	FILE #	327616

## INSPECTION

TYPE	INDEPENDENT FIELD		
PRIMARY POI	FRONT END LEFT	SECOND POI	
APPRAISER NAME	LEO PAPA		
LICENSE #	53 8970		
WORK PHONE	(516) 935-8780	FAX	(516) 939-0502
ADDRESS	PO BOX 71	INSP DATE	07-24-06
CITY STATE	SYOSSET	LOCATION	BONET COLLISION
ZIP	11791-0071	CITY STATE	NYC

## OWNER

PIATT GREGORY	WORK#	
67 MARCELLUS AVE	HOME#	(917) 476-4466
WEST PATTERSON NJ 07424-		

## REPAIR

ATTN EDDIE	SHOP LIC#	7054047
BONET COLLISION	CAR IN	
317 E111 ST	CAR OUT	
NEW YORK NY 10029-	REPAIR	2 DAYS
SHOP PHONE (212) 289-7435	FAX	(212) 722-7342

## VEHICLE

2005 CADILLAC CTS LUXURY 4 DR SEDAN  
 6CYL GASOLINE 3.6

## OPTIONS

TWO-STAGE - EXTERIOR SURFACES	HEATED FRONT SEATS
AUTOMATIC TRANS	ALARM SYSTEM

BODY COLOR	BLACK METAL	MILEAGE	22,797
CONDITION	GOOD	VIN	1G6DP567750131855
LICENSE #	SKS-52B	CODE	T321
LICENSE STATE	NJ	VEH INSP #	

REMARKS :

2005 CADILLAC CTS LUXURY 4 DR SEDAN  
CLAIM # 40506069238

LOG 2439 -0

07-24-06 12:56 PM

## OP CODES:

*	= USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC	= QUALITY REPL. PART	UE = OE SURPLUS	UC = RECONDITIONED PRT
UM	= REMAN/REBUILT PRT	EU = LIKE KIND & QUAL.PRT	EP = QUAL. REPL. PRT. RPT
OE	= PXN OE SRPLS	PC = PXN RECONDITIONED	PM = PXN REMAN/REBUILT
TE	= PARTL REPL PRICE	ET = PARTL REPL LABOR	IT = PARTIAL REPAIR
I	= REPAIR	L = REFINISH	BR = BLEND REFINISH
TT	= TWO-TONE	CG = CHIPGUARD	SB = SUBLT
N	= ADDITIONAL LABOR	RI = R&I ASSEMBLY	P = CHECK
AA	= APPEAR ALLOWANCE	RP = RELATED PRIOR	UP = UNRELATED PRIOR

OP	GDE	MC	DESCRIPTION	MFR. PART NO.	PRICE	AJ%	B%	HOURS	R
PC	0010		COVER, FRONT BUMPER	PXN RECONDITIONED	367.69			3.0	1
L	0010		COVER, FRONT BUMPER	REFINISH				3.5	4
				2.4 Surface					
				0.6 Two-stage setup					
				0.5 Two-stage					
RI	0026		BRKT, FRONT LIC PLATE	R&I ASSEMBLY				0.2	1
EC	M03		FLEX ADDITIVE	QUALITY REPL. PAR	8.00*				1*
EC	M17		COVER CAR EXTERIOR	QUALITY REPL. PAR	6.00*				1*
SB	M60		HAZARDOUS WASTE REMOVA	SUBLT	3.00*				1
I	M66		COLOR SAND AND BUFF	REPAIR					0.5*1*

7 ITEMS

## FINAL CALCULATIONS &amp; ENTRIES

## PARTS

GROSS PARTS	
OE SURPLUS PARTS	
OTHER PARTS	\$ 381.69
PAINT MATERIAL	\$ 77.00

ADJUSTMENTS	DISCOUNT	MARKUP
PARTS & MATERIAL TOTAL		\$ 458.69
TAX ON PARTS & MATERIAL @ 8.375%		\$ 38.42

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	\$ 45.00	3.2	0.5	\$ 166.50
2-MECH/ELEC	\$ 45.00			
3-FRAME	\$ 45.00			
4-REFINISH	\$ 45.00	3.5		\$ 157.50
5-PAINT	\$ 22.00			

LABOR TOTAL		\$ 324.00
TAX ON LABOR	@ 8.375%	\$ 27.14
SUBLT REPAIRS		\$ 3.00
TAX ON SUBLT	@ 8.375%	\$ 0.25
TOWING		
STORAGE		

2005 CADILLAC CTS LUXURY 4 DR SEDAN  
CLAIM # 40506069238

LOG 2439 -0

07-24-06 12:56 PM

GROSS TOTAL	\$ 851.50
LESS: DEDUCTIBLE	NONE-
NET TOTAL	\$ 851.50

UNRELATED	PRIOR DAMAGE	MFR. PART NO.	PRICE	HOURS R
OP GDE	DESCRIPTION	-----	-----	-----
UP	L/S QUARTER PANEL >>INCLUDES REFINISH	UNRELATED PRIOR	45.00*	6.0*1*
UNRELATED PRIOR DAMAGE PARTS TOTAL		\$ 45.00		
UNRELATED PRIOR DAMAGE LABOR TOTAL		\$ 270.00		
TOTAL UNRELATED PRIOR DAMAGE		\$ 315.00		

PXN Y/01/01/00/00/00 CUM 01/01/00/00/00 Geocode: 11216 LEO P  
 SPPL Y/00/00/00/00/00 CUM 00/00/00/00/00 Geocode: 11216 LEO P  
 PXS Y/00/00 Geocode: 11216 LEO P  
 ADP PENPRO W0412 ES LOG2439 -0 07-24-06 13:13:50  
 REL 4.12.12 DT06/06  
 (C) 1993 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.

1.1 HRS WERE ADDED TO THIS EST. BASED ON ADP'S TWO-STAGE REFINISH FORMULA. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF OTHER AFTERMARKET PARTS SUPPLIED BY A SOURCE OTHER THAN THE ORIGINAL MANUFACTURER. SUPPLEMENTAL REPAIR CHARGES MAY BE REJECTED UNLESS APPROVED PRIOR TO REPAIRS. THIS INSTRUMENT IS NOT AN AUTHORIZATION TO REPAIR. REPAIR MUST BE AUTHORIZED BY THE OWNER.

-----  
 THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION COMES FROM OWNER. NO SUPPLEMENTS WITHOUT PRIOR APPROVAL. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT,

2005 CADILLAC CTS LUXURY 4 DR SEDAN

CLAIM # 40506069238

LOG 2439 -0

07-24-06 12:56 PM

WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

## QUALITY REPLACEMENT PARTS REPORT

CD LOG NO 2439 -0 DATE 07-24-06

## VEHICLE

2005 CADILLAC CTS LUXURY 4 DR SEDAN  
 6CYL GASOLINE 3.6

## OPTIONS

TWO-STAGE - EXTERIOR SURFACES HEATED FRONT SEATS  
 AUTOMATIC TRANS ALARM SYSTEM

PART DESCRIPTION	SUPPLIER PART NUMBER	SUBSTITUTED FOR OEM PART NUMBER	SUPPLIER	CLS	SRC
			CODE		
FRONT BUMPER					
Cover,Front Bumper	CA3086ROE C0266	12335545 12335545	>001 002	R R	3 3

> = ESTIMATE TOTAL IS BASED ON PRICE QUOTED BY THIS SUPPLIER

## KEY TO CLASSIFICATION/SOURCE CODES

CLS = CLASSIFICATION CODE:

C - CAPA CERTIFIED PART QUOTED BY LISTED SUPPLIER  
 M - REMANUFACTURED/REBUILT PART  
 R - RECONDITIONED PART  
 S - OEM SURPLUS PART

SRC = SOURCE CODE:

1 - NON ORIGINAL EQUIPMENT MANUFACTURER PART  
 3 - ORIGINAL EQUIPMENT MANUFACTURER (OEM) PART

## DETAILED DISTRIBUTOR LIST

001 - PXN3766	ACCU PARTS LLC RCND 5-39 46TH AVENUE LONG ISLAND CITY, NY 11101 (888) 222-8008 (718) 433-1800
002 - PXN4575	CHAMPION BMPRS RCND 141 LANZA AVE GARFIELD, NJ 07026 (800) 228-6737 (973) 340-0395

ADP PENPRO W0412 ES LOG2439 -0 07-24-06 13:13:50  
 REL 4.12.12 DT06/06

GEOCODE: 11216 SA: LEO P  
 (C) 1993 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.



R/R VIEW OF VEHICLE

## COMPLETE CLAIMS SERVICE LLC

PO BOX 71  
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No 40506069238	Adjuster KIM PARSON	2005 Cadillac
Owner PIATT GREGORY	Appraiser LEO PAPA	Date Ins 07-24-06
D/Loss 6/29/2006	CCS # 327616	Insured NOT GIVEN

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L/R VIEW OF VEHICLE

## COMPLETE CLAIMS SERVICE LLC

PO BOX 71  
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No 40506069238 Adjuster KIM PARSON 2005 Cadillac  
Owner PIATT GREGORY Appraiser LEO PAPA Date Ins 07-24-06  
D/Loss 6/29/2006 CCS # 327616 Insured NOT GIVEN



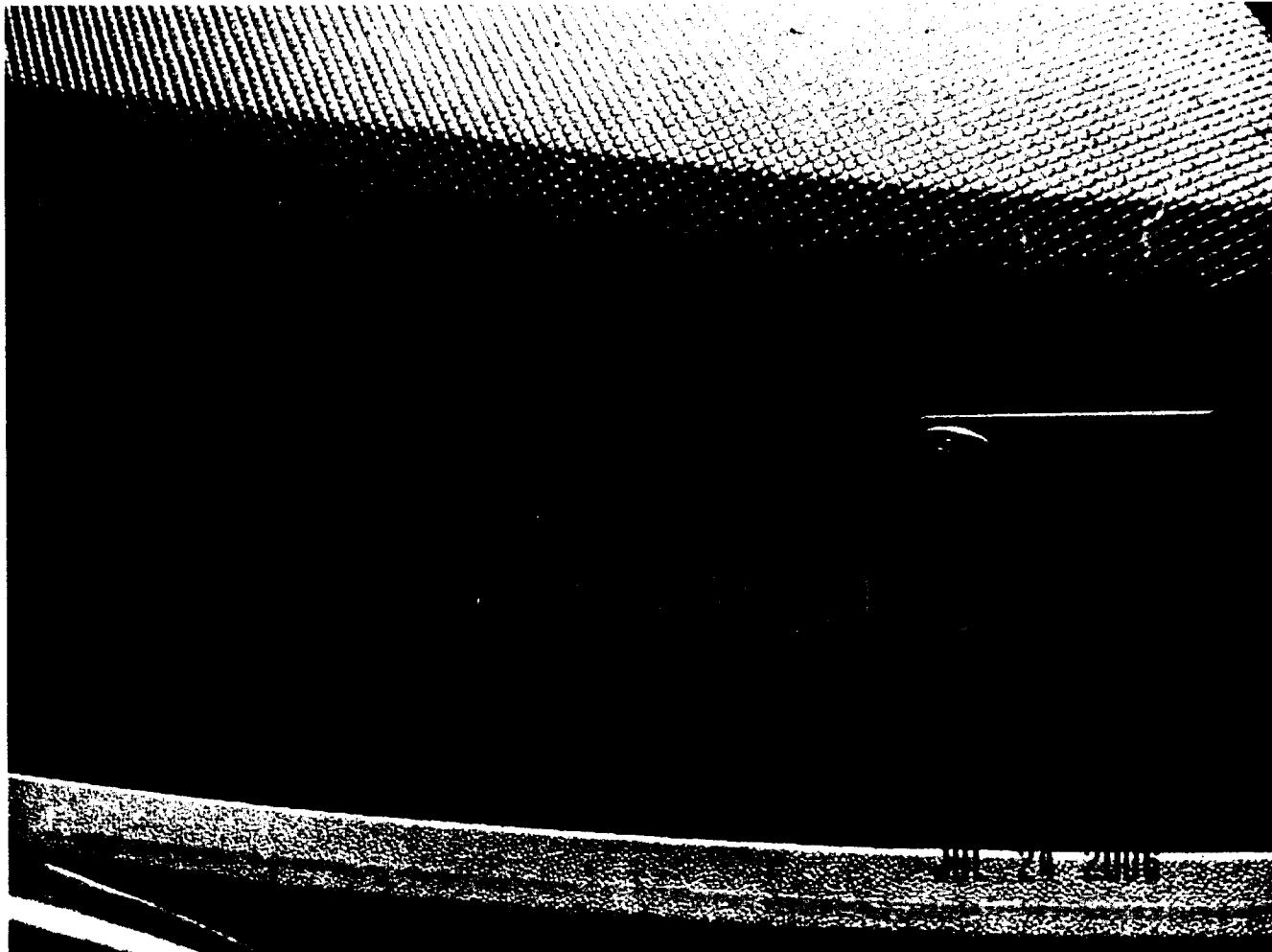
L/S QUARTER PANEL / UNRELATED PRIOR DAMAGE

## COMPLETE CLAIMS SERVICE LLC

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SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No 40506069238 Adjuster KIM PARSON 2005 Cadillac  
Owner PIATT GREGORY Appraiser LEO PAPA Date Ins 07-24-06  
D/Loss 6/29/2006 CCS # 327616 Insured NOT GIVEN



VEHICLE ID

## COMPLETE CLAIMS SERVICE LLC

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SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No 40506069238 Adjuster KIM PARSON 2005 Cadillac  
Owner PIATT GREGORY Appraiser LEO PAPA Date Ins 07-24-06  
D/Loss 6/29/2006 CCS # 327616 Insured NOT GIVEN



L/F VIEW

## COMPLETE CLAIMS SERVICE LLC

PO BOX 71  
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No	40506069238	Adjuster	KIM PARSON	2005 Cadillac	
Owner	PIATT GREGORY	Appraiser	LEO PAPA	Date Ins	97-24-06
D/Loss	6/29/2006	CCS #	327616	Insured	NOT GIVEN



R/F VIEW

## COMPLETE CLAIMS SERVICE LLC

PO BOX 71  
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No 40506069238	Adjuster KIM PARSON	2005 Cadillac
Owner PIATT GREGORY	Appraiser LEO PAPA	Date Ins 07-24-06
D/Loss 6/29/2006	CCS # 327616	Insured NOT GIVEN



L/F VIEW OF DAMAGES / BUMPER COVER

## COMPLETE CLAIMS SERVICE LLC

PO BOX 71  
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Phone 516-935-8780 Fax 516-939-0520

Claim No 40506069238	Adjuster KIM PARSON	2005 Cadillac
Owner PIATT GREGORY	Appraiser LEO PAPA	Date Ins 07-24-06
D/Loss 6/29/2006	CCS # 327616	Insured NOT GIVEN



L/F VIEW OF DAMAGES / BUMPER COVER

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Claim No 40506069238	Adjuster KIM PARSON	2005 Cadillac
Owner PIATT GREGORY	Appraiser LEO PAPA	Date Ins 07-24-06
D/Loss 6/29/2006	CCS # 327616	Insured NOT GIVEN



L/F VIEW OF DAMAGES

## COMPLETE CLAIMS SERVICE LLC

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Owner PIATT GREGORY Appraiser LEO PAPA  
D/Loss 6/29/2006 CCS # 327616

2005 Cadillac  
Date Ins 07-24-06  
Insured NOT GIVEN

## **COMPLETE CLAIMS SERVICE LLC**

**PO BOX 71  
SYOSSET NY 11791-0071**

Phone 516-935-8780 Fax 516-939-0520

Claim No 40506069238 Adjuster KIM PARSON  
Owner PIATT GREGORY Appraiser LEO PAPA  
D/Loss 6/29/2006 CCS # 327616

2005 Cadillac  
Date Ins 07-24-06  
Insured NOT GIVEN



A Last Name	First	M.I.	D Last Name	First	M.I.		
Address			Address				
Date of Birth	Month	Day	Year	Telephone (Area Code)	( )		
Date of Birth			Month	Day	Year	Telephone (Area Code)	( )
B Last Name		First	M.I.	E Last Name		First	M.I.
Address			Address				
Date of Birth	Month	Day	Year	Telephone (Area Code)	( )		
Date of Birth			Month	Day	Year	Telephone (Area Code)	( )
C Last Name		First	M.I.	Highway Dist. at Scene?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address			Name:				
Date of Birth	Month	Day	Year	Telephone (Area Code)	( )	Shield No.	

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 23341497

Vehicle No.2 10313960-02

Expiration Date 2/15/07

Expiration Date 4/34/07

VIN 1G6DP3677J0131855

VIN JT8B0695XJ0005903

**WITNESS (Attach separate sheet, if necessary)**

Name James Zeno

Address

(212) 480-6710  
(845) 661-1994

**DUPLICATE COPY REQUIRED FOR:**

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. <input type="checkbox"/> Other City Agency (if a Licensed taxi or limousine involved)
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city/agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle-Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
--------------------------------------	-----------	------	------------	-------------	---------

Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command
-----------------	------	-----------------	-----------	-------------------	--------------------------

Equipment in Use At Time of Accident

Siren  Horn  Turret Light  4-Way Flasher  High-Level Warning Lights  Traffic Cones  Headlights

**ACTIONS OF POLICE VEHICLE**

<input type="checkbox"/> Responding to Code Signal	_____	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	_____	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe)	_____	_____

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----x  
GREGORY V. PIATT,

Index No.: CIV 3902  
2007

Plaintiff

v.

**AFFIDAVIT OF SERVICE**

MARC S. LACHAR AND JOAN B. LACHAR,

Defendants

-----x  
STATE OF NEW YORK )  
ss.  
COUNTY OF WESTCHESTER )

Linda McKeiver, being duly sworn, deposes and says:

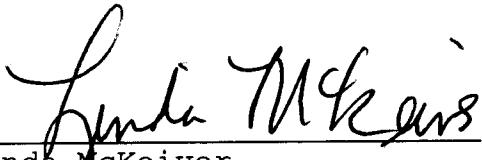
1. That I am over the age of eighteen years and not a party to this action.
2. That on January 28, 2008, I served upon:

Jay S. Hausman & Associates, PC.  
Jay S. Hausman, Esq.  
Attorneys for Plaintiff, Gregory V. Piatt  
280 North Central Avenue  
Hartsdale, New York 10530

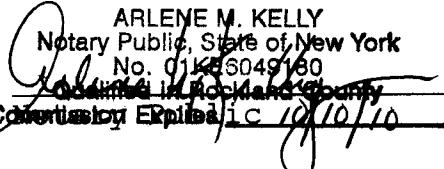
a true copy of the annexed **RULE 26.1 DISCLOSURE STATEMENT** by depositing it endorsed in a postpaid properly addressed wrapper, in a post office or, official depository under the exclusive care and custody of the United States Postal Service

within the State of New York, at the address designated by him or her upon the last paper served by him or her in the action.

DATED: January 28, 2008  
White Plains, New York

  
\_\_\_\_\_  
Linda McKeiver

Sworn and subscribed  
before me on January 28, 2008

  
\_\_\_\_\_  
ARLENE M. KELLY  
Notary Public, State of New York  
No. 01446049180  
Qualified in Rockland County  
Commission Expires 10/10/10

Docket No.: CIV 3902 2007  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

---

GREGORY V. PIATT,

Plaintiff

against

MARC S. LACHAR AND JOAN B. LACHAR,

Defendants

---

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**RULE 26.1 DISCLOSURE STATEMENT**

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EUSTACE & MARQUEZ  
Attorneys for Defendant  
Office and Post Office Address  
1311 Mamaroneck Avenue  
3rd Floor  
White Plains, New York 10605  
(914) 989-6650